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ISLE OF ELY COUNTY COUNCIL.

EDUCATION COMMITTEE

ANNUAL REPORT
of the
PRINCIPAL
SCHOOL MEDICAL OFFICER
for the
Year ending 31st December, 1953,

Sharman & Co., Ltd., High Street, March.

*With the Compliments of the
County & School Medical Officer
for the Isle of Ely.*

*County Health Department,
County Hall,
March, Cambs.*

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*To the Chairman and Members of the Isle of Ely
Education Committee*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the School Health Service for the year 1953, and, in doing so, I wish to record my appreciation of the good team work and loyal service of the whole staff of the department, of the full co-operation of the Chief Education Officer and his staff, and of the interest and encouragement of the Chairman and Members of the School Medical Services Sub-Committee.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

M. E. HOCKEN,

Principal School Medical Officer.

STAFF

Principal School Medical Officer.

M. E. HOCKEN, M.B., Ch.B., D.P.H.

School Medical Officers.

R. G. DRUMMOND, M.B., Ch.B., D.P.H. (resigned 30/9/53).

N. CASSELLS, M.B., Ch.B., C.P.H. (appointed 19/1/53).

Principal School Dental Officer.

G. R. SMITH, L.D.S., R.C.S. (Ed.)

School Dental Officers.

TWO VACANCIES.

Speech Therapist.

M. T. HOOKER, L.C.S.T.

Speech Therapist—Part-time.

H. MACNAUGHTON.

Orthopaedic Physiotherapist.

VACANCY.

Oculists—Part-time.

M. PERRERS TAYLOR, M.R.C.S., L.R.C.P., D.P.H., D.O.M.S.

D WILSON TAYLOR, M.B., Ch.B.

J. H. KODICEK, M.B., B.S., M.R.C.S., L.R.C.P. (temporary).

Orthoptist—Part-time.

L. BILLINGHURST.

Superintendent Nursing Officer.

G. M. SANDERS, S.R.N., S.C.M., H.V. Cert.

Health Visitors and School Nurses.

E. CORNISH, S.R.N., S.C.M., H.V. Cert.

T. GIBBONS, S.R.N., S.C.M., H.V. Cert.

H. GREAVES, S.R.N., S.C.M., H.V. Cert.

M. B. GUDGEON, S.R.N., S.C.M., H.V. Cert.

E. E. REDHEAD, S.R.N., S.C.M., H.V. Cert.

E. T. TAYLOR, S.R.N., S.C.M.

School Nurses—Part-time.

C. M. BIART, S.R.N., S.C.M., H.V. Cert.

H. BROADHEAD, S.R.N., S.C.M., H.V. Cert.

J. PARROTT, S.R.N., S.C.M., H.V. Cert.

K. M. RAILTON, S.R.N., S.C.M., H.V. Cert.

D. M. RUSSELL, S.R.N., S.C.M., H.V. Cert.

M. M. SOUTHWARD, S.R.N., S.C.M., H.V. Cert.

G. A. WEBSTER, S.R.N., S.C.M., H.V. Cert.

E. YOUNG, S.R.N., S.C.M., H.V. Cert.

Clinic Nurse—Part-time.

M. E. HOPE, S.R.N.

Dental Attendant.

V. BRADLEY.

Clerical Staff.

H. A. HOUSE (Administrative Officer).

I. R. BENSON.

A. MILLER.

ANNUAL REPORT

1953

No. of Children on Roll:—

Primary Schools	...	...	...	...	8958
Secondary Modern Schools	2618
Grammar Schools	1632
					13208

No. of Schools	79
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PERIODIC MEDICAL INSPECTIONS.

Routine visits of inspection were paid to 29 schools.

A. *Periodic Medical*

<i>Inspections</i>	1953	1952	1951	1950	1949
Entrants	674	1,059	2,083	276	1,584
Second Age Group	1,117	628	924	178	1,386
Third Age Group	487	721	708	374	639
Other periodic inspections	194	364	325	26	63
Total	2,472	2,772	4,040	854	3,672

B. *Other Inspections*

Special Inspections—
children specially
referred by par-
ents and teachers

61	69	45	24	41
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Re - inspections—
all children found
to have defects at
the previous ex-
amination ...

1,215	1,045	2,147	723	2,564
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Total	1,276	1,114	2,192	747	2,605
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MEDICAL INSPECTION.

The number of schools to which routine visits of inspection were paid again fell markedly, from 41 to 29, the consequent drop in the numbers of pupils examined however being only from 3,886 to 3,748.

ACTION FOLLOWING INSPECTION.

When treatment of any description is recommended by the school medical officers, letters are sent to parents and appropriate suggestions made as to facilities available. Should no response ensue follow-up visits are paid by the school nurses and, if no action is taken after a first visit, repeat visits are paid wherever possible. The rate of acceptance of treatment is very high and the majority of parents are found to be most co-operative in accepting any advice given by the staff.

Work of School Nurses—Cleanliness Inspections.

Sessions spent at routine medical inspection	Average number of visits per school for cleanliness inspection	No. of children examined for cleanliness	No. of individual children found unclean	Follow-up visits in homes for all purposes	Attendances at minor ailment and eye clinics
181	6.77	32,212	203	1,016	954

ARRANGEMENTS FOR TREATMENT.

Minor Ailment Clinics.

CLINIC	ADDRESS	DOCTOR PRESENT
WISBECH	County Clinic, Lynn Rd., Wisbech	Each Friday morning
MARCH	County Clinic, County Hall, March	2nd & 4th Thursdays—mornings
ELY	County Clinic, Downham Rd., Ely	1st & 3rd Wednesdays—mornings
CHATTERIS	Cromwell Cty. Sec. Mod. School	2nd & 4th Fridays—mornings
LITTLEPORT	Oddfellows' Hall Littleport	4th Tuesday morning each month
THORNEY	Duke of Bedford C.P. School	1st & 3rd Wednesdays—mornings
OUTWELL	Beaupre School	1st Monday morning

There was no change in the arrangements for treatment at these clinics during the year, but the total attendances rose slightly.

The Whittlesey centre was closed, the premises previously used being no longer available. All attempts to find suitable alternative temporary accommodation were unavailing, but it is hoped to re-establish this centre when the new school, in the planning of which ample provision has been provided, is completed.

TREATMENT OF MINOR AILMENTS IN THE CLINICS FOR THE YEAR 1953.
(Individual number of children treated).

	Wisbech	March	Ely	Chatteris	Littleport	Thorney	Outwell
Ringworm (head) ..	..	..	..	..	..	..	..
Ringworm (body) ..	.	..	..	..	..	1	..
Scabies .. ..	..	..	..	..	1	..	2
Impetigo	87	18	9	..	..	..	.
Other skin diseases ..	27	43	10	2	2	5	1
Minor eye defects ..	43	19	7	7	14	13	4
Minor ear defects ..	21	4	9	3	2	11	11
Miscellaneous ..	747	71	90	43	16	127	118
TOTALS ..	925	155	125	55	35	157	136

GRAND TOTAL : 1588.

Total attendances made by children : 3304.

Ophthalmic Treatment.

During the year the ophthalmic clinics at Chatteris, March, Whittlesey and Wisbech were closed when the Regional Hospital Board took over the service, establishing special children's clinics at Doddington Hospital to cover the Chatteris and March areas, at North Cambs. Hospital, Wisbech, and at Memorial Hospital, Peterborough to cover the Thorney and Whittlesey areas. These arrangements are working satisfactorily, the appointments system being worked from the school health department, while at Doddington and Wisbech the school nurses continue to attend the clinics.

The Ely ophthalmic clinics have carried on satisfactorily during the year, and at the end of the year the one great defect was rectified. An orthoptist was appointed to start regular sessions, two a week, from mid-January. Attendances have been good and the parents have been most co-operative, and we look forward to the new year when orthoptic clinics will be well established.

Numbers (excluding Dr. Kodicek's cases)

New 11 (probably due to reduced medical inspections)

Old 104

Total attendances 196

Operations (mainly squints) 9.

Operative Treatment for Defects of Ear, Nose and Throat.

The total number of cases receiving operative treatment was 154 during 1953.

73 other conditions were dealt with, either at the minor ailment clinics or at the hospitals.

Close liaison was maintained with the speech therapist in after-care work.

TUBERCULOSIS.

407 examinations of school children were carried out at chest clinics at Wisbech and Doddington by the Chest Physician during 1953. Of this number 101 were new cases, the remainder being re-examinations.

395 X-ray examinations of school children were carried out at the chest clinics, and of these 101 were new cases, the remainder being re-examinations of old cases.

8 cases of tuberculosis were notified as occurring among school children during 1953, 4 pulmonary and 4 non-pulmonary. During the year 6 school children were recommended for sanatorium treatment and at the end of the year 5 had been admitted to Kelling Children's Sanatorium.

The following numbers relate to pupils and staff who were X-rayed when the mass radiography unit visited the Isle in 1953:—

	Children		Staff	
	Boys	Girls	Males	Females
Ely	90	293	14	40
Littleport	27	17	2	6
Wisbech	347	369	18	31
	<hr/> 464 <hr/>	<hr/> 679 <hr/>	<hr/> 34 <hr/>	<hr/> 77 <hr/>

AUDIOMETRY.

Using a pure tone audiometer a routine "sweep" test at school is carried out on the seven year age group. They are the youngest children who can co-operate easily in the test and are those about to pass from the Infant to the Junior School. The test is a "screening" one in that it is used only for the detection of hearing defect. No attempt is made at this stage to assess the degree of the defect or its cause. The standard adopted is that the middle range of frequencies (five frequencies from 250 - 4,000 cycles per second) should be heard in each ear at the 20 decibel loss level. Those who satisfy this standard have their school medical cards noted to that effect and those who fail are noted for full audiometric examination later, the cards being pre-stamped as under, indicating the order of frequencies to be followed in making the test:—

C/S	1000	2000	4000	500	250
R					
L					

In performing the "sweep" test which can be conducted in any room in which there is an electrical supply point and which is reasonably quiet, the children are admitted to the room in batches of eight or ten, given a simple explanation of what they have to do, and then tested individually, so time spent in explanation is cut to a minimum. The children enjoy the procedure and are intrigued by the earphones, and the rubber hammer which they use to signify that they hear the sounds.

Occasionally it happens that a child cannot co-operate because of lack of understanding, in which case he or she is noted for future examination.

By thus testing the seven year age group at each school, as it is visited, it is hoped that eventually each child will have an audiometric test at this age. During the routine testing at the school there are included, in addition to the seven year age group, children of all ages who are thought, either at school or at home, to have defective hearing.

Some schools, of course, at present have no electricity supply and the audiometer cannot be used in them.

When full audiometric examination is carried out the hearing of each ear is tested over a range of eight frequencies from 125 - 8,000 cycles per second and the amount of loss at each frequency can be determined accurately and charted on a audiometric card. This is of great advantage not only in assessing progress but where referral to hospital is required.

Defective hearing is one of the gravest disabilities to afflict the school child and it is the most difficult to detect. A considerable degree of deafness can exist unknown even to parents or teachers—and, of course, unappreciated by the child if it has been present since birth or had its onset in early years. Especially may this be the case with intelligent children who can, without realising it, learn to lip read and so appear to hear. Lack of progress may be attributed to dullness or they may be thought disobedient because they do not obey orders which, in fact, they do not hear, or understand only imperfectly.

Routine audiometry should discover these defects when they exert their worst effects, namely, early in school life.

During 1953 routine "sweep" tests were carried out during the school medical inspections on 129 boys and 113 girls in the seven year age group. Of these, 11 boys and 8 girls (7.85%) were found to have defective hearing to such an extent as to warrant further investigation and subsequently three of these children were referred for specialist treatment.

In addition, a number of children were given audiometric tests at minor ailment clinics at the request of teachers, members of the professional staff, or parents. One case brought to notice by the speech therapist was tested, and after hospital investigation provided with a hearing aid. Two other children were provided with hearing aids. One was a case of long standing, the other a case brought to light for the first time as a result of special audiometric examination.

SPEECH THERAPY.

Miss Hooker reports as follows:—

Children treated during 1953.

On 31st December, 1953:—

Total number on register	...	...	166
Receiving treatment	...	...	86
Awaiting treatment	...	...	7
Under observation	...	...	73

During 1953:—

Receiving treatment — Boys:	111	Girls:	53
Admitted for treatment	129		
Discharged	91		
Total received treatment	164		

Types of cases which received treatment:

	Boys	Girls	Total
Dyslalia	81	47	128
Stammering	20	3	23
Dysphonia	4	1	5
Cleft palate	4	1	5
Neurogenic	2	1	3
	111	53	164

Detailed Classification of cases treated.

Place	Dyslalia	Stam- mering	Cleft Palate	Dys- phonia	Neuro- genic	Total
March	16	4	..	2	..	22
Wisbech	23	4	..	1	2	30
Chatteris	22	2	1	..	..	25
Whittlesey	20	1	1	..	..	22
Doddington	4	2	..	1	..	7
Wimblington	3	..	..	1	..	4
Manea	1	2	..	..	..	3
Thorney	10	3	..	..	..	13
Outwell	10	..	..	..	1	11
Guyhirn	3	3	..	..	..	6
Fridaybridge	5	..	1	..	..	6
King's Dyke	1	..	..	..	..	1
Coates	1	1	..	..	..	2
Turves	2	..	..	..	..	2
Gorefield .. ..	..	..	1	..	..	1
Leverington	1	1	1	..	..	3
Newton	6	..	..	..	..	6
TOTAL	128	23	5	5	3	164

"During the year, clinics have been held weekly in March and Wisbech; five schools have been visited weekly, and thirteen fortnightly.

All country schools in this area, a total of thirty-two, have now been visited and reminded of the service at their disposal. In ten of these there were no children in need of speech therapy. It is hoped to review such schools bi-annually if possible, as sometimes symptoms can be noticed which may not otherwise attract attention at this early stage. Parents and others concerned with the child's welfare can then be advised, and further development of speech and personality difficulties often prevented.

Far more satisfactory results have been achieved at three schools where sessions are now held weekly instead of fortnightly. Previously progress in some cases was so slow that treatment was not justified. Intervals of a month should the child be absent one day, holidays, half terms and epidemics, are not conducive to swift progress. Where weekly clinics are not possible, fortnightly treatment can, however, achieve very good results, when the parent or teacher can spare a few minutes daily to go over the child's work with him and take an interest in his progress. This regular continuity is particularly important with the younger children.

The school holidays provide an invaluable opportunity for interviewing parents and seeing the child in his home environment, and for more concentrated work on home cases.

In a rural area conditions of treatment are not comparable to those of a hospital, and it should be stressed that the understanding interest of any individual visiting the home or school with some regularity is of great value."

Miss Macnaughton reports as follows:—

"75% of the children attending the speech clinics were from infant and junior schools. The most common defect is a general dyslalia, being gross substitution or omission of sounds, often resulting in complete unintelligibility. This defect is accompanied by low I.Q. and backwardness in reading, writing and language expression. These children generally come from families where the standard of speech is poor, and other children in the family have speech defects to some degree. Progress in these cases is slow, due to the short period of treatment given only once a week. If the parents are co-operative the progress is definitely more rapid but in the majority of cases the parents are unable to carry out the necessary practice. As the child grows older and his reading and writing improve his speech becomes more intelligible and, if no speech therapy is given until the child reaches the senior school, he will still have numerous substitutions and omissions but his speech will be intelligible. Results with the older dyslalic are generally more rapid as the child can practice alone.

Sigmatism (lispings) is found frequently in the infant schools, where it is generally of an interdental nature. In many cases this is due to inability to produce the sibilants correctly between first and second dentition. The bad habit of substituting 'th' for 's' often persists after the teeth have grown. Treatment in these cases has produced good results. Sigmatism of a nasal or lateral nature is more usually found in the older child, and progress is slower as the defect is often associated with an emotional problem.

Stammerers have formed a very small percentage of the treatment list, but in every case it is essential to have close contact with the parents and teachers. The most severe cases have been in the 12—14 age group.

Mouth breathing and incorrect use of the voice give rise to cases of dysphonia. This often accompanies a dyslalia. Breathing and voice exercises are helpful, although in some cases correct breathing is not possible until the tonsils and adenoids have been removed. Often after the operation help is needed to overcome the habit formed.

In every case it has been most essential to keep in contact with the child's parents and teachers. If the parents can practise the sound work, under the guidance of the therapist, then progress is far more rapid. But in some cases where the parents have been unable to do this, the teacher has been most helpful and co-operative."

SCHOOL DENTAL SERVICE.

Administration.

The general character of the dental inspection and treatment scheme has remained unaltered during the year. At no time during 1953 were the services of a full staff available.

Dental Inspections.

These were carried out on school premises during school hours, and 1,702 school children were inspected during 8 half-day sessions.

Dental Treatment.

Of the 1,702 school children inspected, 1,391 (eighty-two per cent.) were found to require treatment, and of this number 1,163 (eighty-four per cent.) received treatment from the School Dental Officer.

COMPARATIVE TABLE OF TOTAL NUMBERS OF CHILDREN
INSPECTED AND TREATED DURING THE PAST SIX YEARS.

	1948	1949	1950	1951	1952	1953
Number Inspected	4,110	3,850	1,616	871	1,661	1,702
Number Treated	2,005	2,032	737	282	1,113	1,163
Number of Inspections and Treatment Sessions	953½	849	274½	111	465	492

Orthodontics.

It has only been possible to undertake a small number of orthodontic cases without sacrificing time spent on other necessary forms of treatment.

For the children to benefit from the modern technique of orthodontics, a part-time consultant orthodontic specialist should be employed in addition to a full staff of school dental officers.

Pre-School Children.

Lack of staff has again postponed the implementation of the provisions of the National Health Service Act, 1946, with regard to the development of a maternity and child welfare dental scheme, to which these children properly belong. However, we have continued the same policy as last year. All children under five, on whose behalf application was made, were inspected and treated.

Dental Statistics, 1953.

A complete analysis of the children inspected during 1953, and also of the treatment carried out for these children is shown in the following table:—

1.	Total number inspected	...	...	1702
2.	Number referred	...	...	1391
3.	Number actually treated	...	...	1163
4.	Attendances at Treatment Centres	...	...	3181
5.	Number of Inspection Sessions	...	...	8
6.	Number of Treatment Sessions	...	...	484
7.	Fillings:			
	Permanent Teeth	...	...	1739
	Temporary Teeth	...	...	242
8.	Number of Teeth Filled:			
	Permanent Teeth	...	...	1695
	Temporary Teeth	...	...	231
9.	Extractions:			
	Permanent Teeth	...	...	306
	Temporary Teeth	...	...	1279

10.	General Anaesthetic Cases	...	...	259
11.	Other Operations:			
	Permanent Teeth	...	...	804
	Temporary Teeth	...	...	193

Mr. Smith reports:—

“Dental Staffing.

During the year 1953 there were no additions to the staff. In December, however, there was every prospect that part-time assistance would be available in the New Year. The situation, however, remains far from satisfactory.

Dental Inspection and Treatment.

Once again it has only been possible to carry out routine inspections and treatments of infant and junior schools in March and Ely. Children in one school in Wisbech, however, received treatment. It has not been possible to implement the provisions of the National Health Service Act, 1946, with regard to the development of a maternity and child welfare dental scheme. A small number of pre-school children have been inspected and treated but only when application has been made by the parent. Similarly, secondary school children have been treated when requests have been made.

Dental inspections have been carried out mainly in school premises. This has been the case with the inspection of new entrants, i.e. 5 year olds. A number of re-examinations have been carried out at the dental clinic. The number of “specials” inspected showed an increase on the previous year.

General.

I commented above on the increase in the number of “specials.” If this number should continue to rise, routine inspections will fall, and it will not be possible to maintain the present policy, i.e. maintaining a high standard of dental fitness for a small number. In fact, purely emergency service would result.

There was a slight increase in the number of extractions for the year. While the number of local anæsthetics given fell slightly the number of general anæsthetics was more than doubled.

Twenty-eight children have received orthodontic treatment during the year. It has been necessary to be very strict in selecting cases, and treatment has been commenced only in those cases where the maximum co-operation could be expected. It is unfortunate that orthodontic treatment has had to be withheld from so many children, but until more dental officers are available an increase in the number of cases undertaken cannot be justified.

I am grateful to the professional and clerical staffs of the health department for their invaluable assistance and to the head teachers for their help during school inspections.”

MILK IN SCHOOLS SCHEME

On a given day in October, 1953, 9,174 pupils in attendance took milk.

The majority of schools now receive milk in $\frac{1}{3}$ pint bottles. The particulars as compared with previous years are set out below:—

	1947	1948	1949	1950	1951	1952	1953
Schools supplied in $\frac{1}{3}$ pints	67	66	68	70	73	80	78
" " " 1 "	14	15	9	7	6	1	1

Since the 6th August, 1946, all pupils requiring milk are supplied free of charge.

	Dec. 1947	Oct. 1948	Oct. 1949	Oct. 1950	Oct. 1951	Oct. 1952	Oct. 1953
No. on school rolls	11,809	11,287	11,264	11,380	11,840	12,316	12,476
No. of $\frac{1}{3}$ pints supplied	8,377	8,379	8,465	8,215	8,706	9,178	9,474
Percentage receiving milk	71%	74%	75%	72%	73%	75%	76%

HANDICAPPED PUPILS.

Category	In Special Schools		In maintained Primary and Secondary Schools		In Independent Schools		Not at School		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Blind .. .. .	..	..	..	..	..	..	3	2	3	2
Partially Sighted ..	2	2	1	..	..	..	1	..	4	2
Deaf	4	3	..	..	1	..	..	..	5	3
Partially Deaf .. ..	..	3	4	1	..	..	..	..	4	4
Delicate	2	..	4	2	..	..	..	..	6	2
Diabetic	2	..	..	..	..	..	..	..	2	..
Educationally Sub-Normal ..	5	4	59	40	..	..	1	..	65	44
Epileptic	1	..	8	1	..	..	..	..	9	1
Maladjusted	2	..	3	3	1	..	1	1	7	4
Physically Handicapped	5	3	19	8	..	..	5	3	29	14
Multiple Defects ..	..	..	..	..	..	..	..	..	..	..
	23	15	98	55	2	..	11	6	134	76

Handicapped pupils were admitted to special schools during the year as follows:—

					Boys	Girls
Partially sighted	...	...	...	...	1	1
Deaf	...	...	...	...	3	0
Delicate	...	...	...	...	3	1
Educationaly sub-normal	...	...	...	...	1	1
Physically handicapped	...	...	...	...	1	2
					—	—
					9	5
					—	—

One maladjusted boy was transferred from a hostel to an independent school. One of the deaf boys was admitted to the Royal School for the Deaf at Birmingham and subsequently gained a place at the Mary Hare Grammar School for the Deaf at Newbury.

The position regarding the admission of handicapped pupils to special schools is somewhat easier, with the exception of children suffering from cerebral palsy (spastics) and the educationally sub-normal.

INFECTIOUS DISEASE IN SCHOOL.

No schools were closed for epidemics in 1953. The following table gives incidence of notifiable and other infectious diseases:—

	Diph- theria	Scarlet Fever	Whoop- ing cough	Chic- ken pox	Meas-	German measles	Mumps	Total
Cases	—	75	206	674	1399	234	709	3297
Contacts	—	20	—	—	5	—	—	25

IMMUNISATION.

Diphtheria.

During 1953, 149 school children received injections of A.P.T. and 432 received a re-inforcing or 'booster,' injection.

PROVISION OF COOKED MEALS AND HOT DRINKS IN SCHOOLS.

During 1953, school meals were provided in all but 10 schools, and of these latter the children in 6 schools were served with hot drinks.

On a day in October, 1953, the number of mid-day meals served was 6,486.

HYGIENE IN SCHOOLS.

A routine hygiene inspection was carried out during the periodic medical inspections at each school and any sanitary defects were reported. Appropriate action was initiated and the repairs carried out.

PHYSICAL TRAINING.

Physical training continued to be carried on by instructors and specially trained members of the teaching staff.

SPECIAL EXAMINATIONS.

The following examinations were carried out during 1953:—

Prospective teachers	31
Entrants to teaching profession ...	4

CO-OPERATION.

The measure of co-operation which has existed between the Chief Education Officer and his staff and the staff of the school medical department continues to be very close and leads to prompt action in any matters which concern either department. The head teachers and teaching staffs continue to give valuable assistance at the periodic medical inspections and also in referring pupils with defects. As regards the latter we regard the teachers as our most reliable source of information.

Parents are fully appreciative of the scope of the services and the high acceptance for all types of treatment offered is evidence of their co-operation.

The local inspectors of the N.S.P.C.C. have at all times responded promptly to requests for assistance in dealing with problem families and the four school attendance officers link up with this department in all investigations concerning prolonged absences of pupils due to health reasons.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.

A—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	...	...	...	...	...	674
Second Age Group	...	...	...	...	...	1,117
Third Age Group	...	...	...	...	...	487
Total						2,278
Number of other Periodic Inspections						194
Grand Total						2,472

B—OTHER INSPECTIONS.

Number of Special Inspections	...	...	61
Number of Re-inspections	...	...	1,215
Total			1,276

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table II. A.	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	20	104	123
Second Age Group ..	75	115	186
Third Age Group ..	26	47	73
Total (prescribed groups)	121	266	382
Other Periodic Inspections ..	12	21	33
Grand Total ..	133	287	415

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31ST DECEMBER, 1953.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	44	60	2	..
5	Eyes—				
	a. Vision ..	133	155	4	5
	b. Squint ..	27	21	1	2
	c. Other ..	17	15	..	..
6	Ears—				
	a. Hearing ..	4	24	..	..
	b. Otitis Media ..	9	37	..	1
	c. Other ..	8	4	..	..
7	Nose or Throat ..	55	202	2	6
8	Speech	17	34	3	1
9	Cervical Glands ..	2	149	..	3
10	Heart & Circulation ..	2	36	..	2
11	Lungs	3	50	..	4
12	Developmental—				
	a. Hernia ..	4	2	..	..
	b. Other ..	4	44	..	2
13	Orthopædic—				
	a. Posture ..	20	79	..	3
	b. Flat foot ..	16	47	..	..
	c. Other ..	31	48	2	1
14	Nervous system—				
	a. Epilepsy ..	4	5	..	..
	b. Other ..	1	8	..	3
15	Psychological—				
	a. Development ..	4	57	..	8
	b. Stability ..	2	20	..	4
16	Other	18	38	..	1

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ..	674	268	39.76	394	58.46	12	1.78
Second Age Group	1117	410	36.70	682	61.06	25	2.24
Third Age Group	487	259	53.18	213	43.74	15	3.08
Other Periodic Inspections	194	80	41.24	109	56.18	5	2.58
Total ..	2472	1017	41.14	1398	56.55	57	2.31

TABLE III.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS

(excluding Uncleanliness, for which see Table V.)

(a)	Number of Defects treated, or under treatment during the year
Skin—	
Ringworm—Scalp—	
(i) X-Ray treatment. If none indicate by dash	—
(ii) Other treatment	—
Ringworm—Body	1
Scabies	3
Impetigo	114
Other skin diseases	90
Eye Disease	107
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).	
Ear Defects	61
Miscellaneous	1212
(e.g. minor injuries, bruises, sores, chilblains, etc.)	
Total ..	1588
(b) Total number of attendances at Authority's minor ailment clinics	3304

GROUP II.—DEFECTIVE VISION AND SQUINT.

(Excluding Eye Disease treated as Minor Ailments—Group 1).

	<i>No. of defects dealt with</i>
ERRORS OF REFRACTION (including squint). ...	438
Other defect or disease of the eyes (excluding those recorded in Group 1)	—
Total ...	<hr/> 438 <hr/>

No. of Pupils for whom spectacles were

(a) Prescribed ...	253
(b) Obtained ...	253

GROUP III.—TREATMENT OF DEFECTS OF EAR, NOSE AND THROAT.

	<i>Total number Treated</i>
Received operative treatment—	
(a) for diseases of the ear	3
(b) for adenoids and chronic tonsilitis ...	151
(c) for other nose and throat conditions ...	—
Received other forms of treatment	12
Total ...	<hr/> 166 <hr/>

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools	18
(b) No. treated otherwise, <i>e.g.</i> , in clinics or out- patients departments	—

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of Pupils treated—

(a) under Child Guidance arrangements ...	1
(b) under Speech Therapy arrangements ...	223

TABLE IV.
DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers—					
(a)	Periodic age groups	...	...	...	1206
(b)	Specials	...	...	...	496
(c)	TOTAL (Periodic and Specials)	...	...	...	1702
<hr/>					
(2)	Number found to require treatment	...	...	...	1391
(3)	Number actually treated	...	...	...	1163
(4)	Attendances made by pupils for treatment	...	...	...	3181
(5)	Half-days devoted to (a) Inspection	...	...	...	8
	(b) Treatment	...	...	...	484
	Total (a) and (b)	...	...	...	492
<hr/>					
(6)	Fillings:	Permanent Teeth	...	...	1739
		Temporary Teeth	...	...	242
		Total (6)	...	...	1981
<hr/>					
(7) Number of Teeth Filled:					
		Permanent Teeth	...	...	1695
		Temporary Teeth	...	...	231
		Total (7)	...	...	1926
<hr/>					
(8)	Extractions:	Permanent Teeth	...	...	306
		Temporary Teeth	...	...	1279
		Total (8)	...	...	1585
<hr/>					
(9)	Administration of General Anaesthetics for extraction	...	...	...	259
(10)	Other Operations:	(a) Permanent Teeth	...	...	804
		(b) Temporary Teeth	...	...	193
		Total (a) and (b)	...	...	997

TABLE V.
INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	...	32,212
(ii)	Total number of individual pupils found to be infested	...	203
(iii)	Number of individual pupils in respect of whom cleaning notices were issued (Section 54(2), Education Act, 1944)	...	—
(iv)	Number of individual pupils in respect of whom cleaning orders were issued (Section 54(3), Education Act, 1944)	...	—

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